MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/773 773

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51			/				
2				/			52			/				
3				/			53			/				
4				/			54							
5				/			55							
6				/			56							
7				/			57							
8			/				58							
9				/			59							
10							60							
11				/			61							
12			/				62							
13				/			63							
14				/			64							
15				/			65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26			/				76							
27				/			77							
28							78							
29							79							
30				/			80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38				/			88							
39				/			89							
40				/			90							
41				/			91							
42				/			92							
43				/			93							
44				/			94							
45				/			95							
46				/			96							
47				/			97							
48				/			98							
49				/			99							
50				/			100							
TOTAL IND.							TOTAL IND.	4						
TOTAL DEP.							TOTAL DEP.	42						
TOTAL CLAIMS							TOTAL CLAIMS	46						